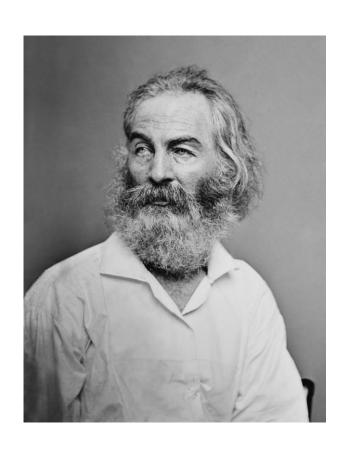
# FULL SERVICE COMMUNITY SCHOOL BEHAVIORAL HEALTH

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There was a child went forth everyday, and all that he looked upon became a part of him.

- Walt Whitman

## HOW DO CHILDREN RESPOND TO TRAUMA

- The child's age and developmental stage
- The child's perception of the anger faced
- Was the child a victim or a witness
- The child's relationship with the victim or perpetrator
- The child's past history with traumatic events
- The adversities the child faces in the aftermath of the trauma
- The support network of adults parents, clinicians, teachers and school administration.

# Trauma in Young Children ages 1-5

#### **Developmental Tasks**

- Development of visual and auditory perception
- Recognition of response and emotional cues
- Attachment to primary caregiver

### Trauma's Impact

- Sensitivity to noise
- Avoidance of contact
- Heighten startle response
- Confusion about what is dangerous and who they can trust to protect them
- Fear of separation from familiar people and places difficulty with managing transitions.

# Children Ages 6-12 years of age:

#### **Development Tasks**

- Manage fears, anxieties and aggression
- Sustain attention for learning and problem solving
- Control impulses and manage physical responses to danger

## Trauma Impact

- Emotional swings
- Learning issues
- Specific anxiety and fears
- Attention seeking
- Regression to younger behaviors

## Adolescents age 13-17 years old:

#### Developmental Tasks

- Think abstractly
- Anticipate and consider the consequences of behavior
- Accurately judge danger and safety
- Modify and control behavior

### Trauma Impact

- Difficulty imagining or planning for the future
- Over or underestimating danger
- Inappropriate aggression
- Self-Destructive Behaviors and or Reckless Behavior

## Multidisciplinary Team-based Approaches

## • Referral and treatment process for Full Service Community Schools

- The child is identified and referred through clinic team, school personnel and families
- The Behavioral completes a clinic enrollment and assessment from parent or caretaker and or referral source.
- The student then participates in an evaluation by the clinician on the Behavioral team.
- A treatment plan is developed.
- School based therapies identified. These may include:
  - Family therapy
  - Individual therapy
  - Group therapy-psychoeducation and process and bereavement groups.
- Group therapy Outside referral(s) are identified if necessary. These may include:
  - St Joseph's hospital for Psychological-Neurological assessment
  - DCC&P
  - in-home supports,